

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

45999

JAN 26 1937

1. PLACE OF DEATH
 County St. Francois Registration District No. 779
 Township Randolph Primary Registration District No. 6024a
 City Cathol. Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth Ransom
 (a) Residence, No. Cathol. Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. J. Ransom</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11, 1857</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>6</u>
	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co. Missouri</u>		
FATHER	13. NAME <u>John Rohau</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Cash</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Wm. J. Ransom Cathol. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedar Falls Cemetery</u> DATE <u>12/11/36</u>		
19. UNDERTAKER (ADDRESS) <u>Spokane Burial Co. St. Louis, Mo.</u>		
20. FILED <u>7-9</u> 19 <u>37</u> <u>W. P. Blackburn</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/30, 1936, to 12/9, 1936
 I last saw her alive on 12/8, 1936. Death is said to have occurred on the date stated above, at 1:25 p.m.
 The principal cause of death and related causes of importance were as follows:
acute hepatitis
chronic hepatitis
chronic nephritis
 Date of onset 11/30/36

Other contributory causes of importance:
chronic nephritis 1930

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. P. Blackburn, M. D.
 (Address) Osage

